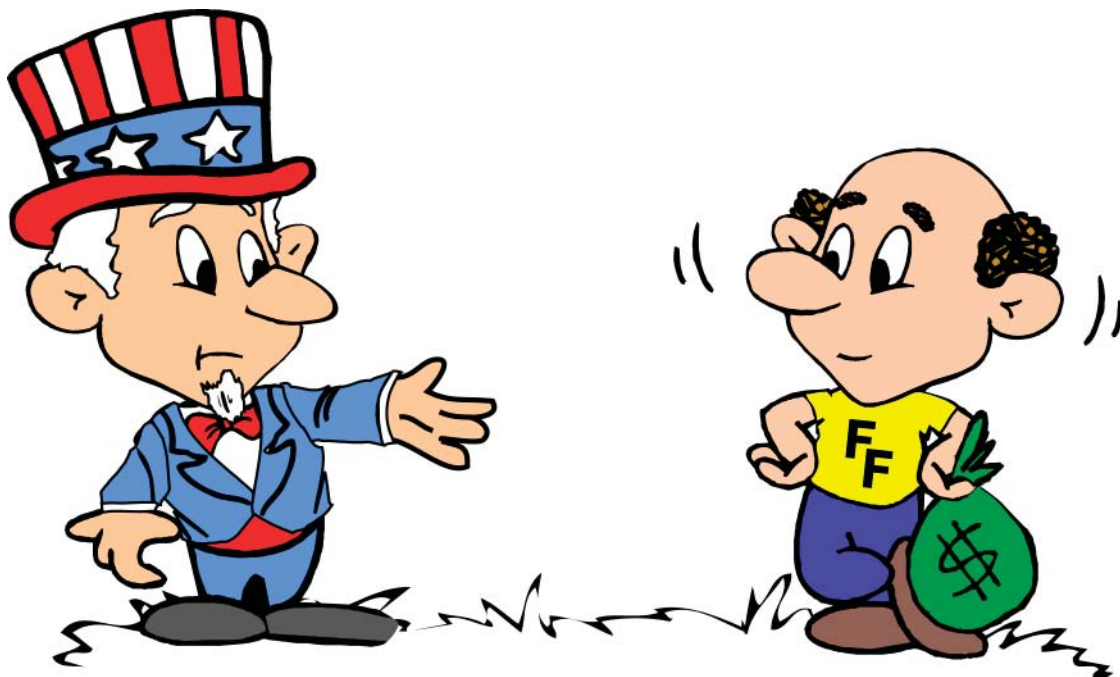


FLEXIBLE BENEFITS PLAN

Medical & Dependent Care Reimbursement



It's your money...plan to keep it!

Enrollment Deadline: Current Employees — October 15th through November 15th

New Employees — 30 days from hire date

Quick Overview of the Flexible Benefits Plan

What is a Flexible Benefits Plan?

It is an employee benefit which will allow you to save taxes by paying certain expenses from your pre-tax income rather than from your after tax income.

What types of expenses are eligible for the Plan?

- Medical
- Dental
- Vision
- Dependent care
- Elder care
- Prescriptions and many over-the-counter medicines.



Who may participate in the Plan?

All state employees who receive a regular paycheck are eligible.

What expenses may be paid using the funds in the Plan?

Use the funds to pay medical expenses not covered by insurance and/or dependent care expenses. This is especially important if you anticipate LASIK, orthodontia, or any major medical or dental expenses for the upcoming year. These expenses can be for you or your family! Flex is a great tool for budgeting those expenses throughout the year.

How do I find out more about Flex?

To learn more about Flex, visit our web site at the address listed below. An overview presentation is available along with more detailed information about the plan. You may also call Flex or your personnel officer.

How do I sign up for Flex?

- New employees have 30 days to enroll.
- Current employees have an annual enrollment period each fall.
- Find the enrollment form on our Internet site or contact your personnel officer.



State of Tennessee
Treasury Department
615-741-3131
1-877-681-0155
Fax: 615-401-6815
www.treasury.state.tn.us/flex
Flexible.Benefits@state.tn.us

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Introduction to the Flexible Benefits Plan

The State of Tennessee Flexible Benefits Plan is a benefit program designed to help employees pay less tax. Authorized under Section 125 of the Internal Revenue Code, this program allows you to pay certain specific expenses from your pre-tax rather than your after-tax income.

All state employees are eligible to participate. Any premiums you pay for state group medical or dental insurance will automatically be paid with tax-free salary through the Flexible Benefits Plan unless you file an election not to participate.

Use of the plan to pay other eligible expenses is not automatic. In order to pay medical expenses or dependent care expenses through the Flexible Benefits Plan, you must file an Election Form. Elections filed for previous years do not continue automatically. Election forms should be turned in to your departmental personnel officer before your enrollment deadline.

Which Expenses are Eligible to be Paid with Tax-Free Salary?

Insurance Premiums - Projected savings in taxes depend on the level of coverage you elect and your tax bracket.

Medical Expenses - You may set up a reimbursement account to pay your family's medical expenses that are not already covered by insurance, such as the insurance plan deductible or co-payment amounts, contact lenses or glasses, certain dental procedures, prescription drugs or their co-payment amount, hearing aids, and other qualified expenses.

Reimbursement of medical expenses is guaranteed within 10 business days. Additional information on the medical expense account can be found in the **Medical Expense Reimbursement Account** section, page 3.

This is worth investigating!



Dependent Daycare Expenses - You may set up a reimbursement account to pay qualified child or other dependent daycare expenses (as defined by the IRS). **Reimbursement of daycare expenses is guaranteed within 10 business days.** Additional information on the dependent care account can be found in the **Dependent Daycare Reimbursement Account** section, page 6.

How Can the Flexible Benefits Plan Help Me?

This program will put more money in your pocket. Unlike other salary reduction plans, such as deferred compensation, the Flexible Benefits Plan frees income and social security taxes on these amounts *forever* rather than just delaying the tax liability.

The chart on the following page illustrates how the program could work to increase your spendable income by saving taxes.

How Does It Work?

Each pay period, all eligible *tax-free* deductions are taken out of your pay check before federal and social security taxes are calculated.

After all tax-free deductions have been made, federal income taxes and social security taxes are calculated on the reduced amount.

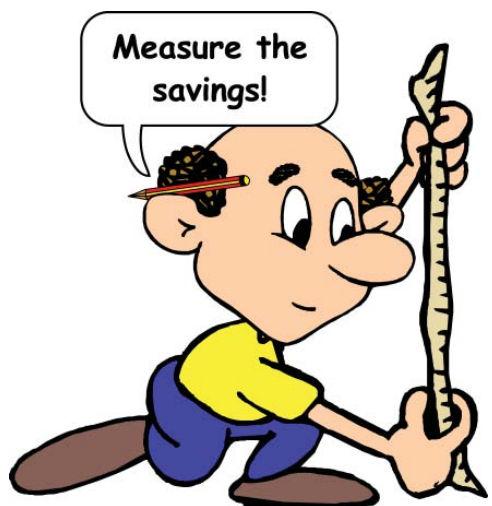
Any other taxable payroll deduction amounts are then taken out of your paycheck.

The amount remaining in your paycheck is your take-home pay for this period. Since you have paid less taxes, you will have more money to spend on other things.

What is the Significance of the Plan Year?

The plan year is significant in three ways.

1. Your enrollment cannot be changed during the plan year unless you have a change in family status and you report the change to the plan within 90 days of the event.
2. You must re-enroll to continue participation in the reimbursement accounts for each plan year.
3. Only expenses for services incurred during the plan year and your period of coverage may be reimbursed.



	<u>Without Flexible Benefits</u>	<u>With Flexible Benefits</u>
Monthly Salary	\$2,500.00	\$2,500.00
Insurance	(150.00)	(150.00)
Flex Deposit		(240.00)
Taxable Income	\$2,350.00	\$2,110.00
Withholding	(223.00)	(188.00)
Social Security	(180.00)	(161.00)
Medical/Daycare Expenses	(240.00)	
Remainder to Live On	\$1,707.00	\$1,761.00
Monthly Savings	\$54.00	
Annual Savings	\$648.00	
In this example, the savings is like a 3% pay raise! (Most of us would have to receive an \$80 raise to take home \$54 more.)		

The plan year is a calendar year — January 1st through December 31st. The plan year for employees hired during the year begins the first payday tax-free deductions are made and ends December 31st.

How Can I Enroll?

A work sheet is included at the end of the Dependent Daycare section and the Medical Expense section of this booklet to help you estimate your expenses.

1. Estimate your annual medical and daycare expenses separately.
2. Use the information from your worksheet to fill out the enrollment form and give it to your payroll/personnel officer.

Election Forms are available from your payroll/personnel officer or at www.treasury.state.tn.us/flex on the Flexible Benefits' Internet site.

If you enroll in a reimbursement account, the Flexible Benefits Office will send a confirmation statement to you when your Election Form has been processed. Questions may be directed to your personnel office or Flexible Benefits. The Flexible Benefits staff is available for questions Monday through Friday, 8 a.m. to 4:30 p.m. CT, at (615) 741-3131 or (877) 681-0155. Questions may also be directed to Flexible.Benefits@state.tn.us.

The annual enrollment for the Flexible Benefits Plan will be held October 15th through November 15th.

What if I was Hired After the Annual Enrollment?

If you start to work after the enrollment period, you will have 30 days from your employment date to sign up for the Flexible Benefits Plan. Return the completed Election Form to your personnel officer. Your period of

coverage will begin on the first day of the month your first deduction occurs.

Can I Change My Enrollment?

Since the funds involved in the Flexible Benefits Plan are tax free, there are significant IRS requirements that the program and participants must meet:

- ✓ You must file your enrollment decisions before the plan year begins. Decisions are irrevocable. Once the plan year starts, your contributions cannot be cancelled or changed until the next plan year, unless you meet specific requirements.
- ✓ You may not terminate your contributions or change the amount of your contributions, unless you have a significant change in your family status which corresponds with the change you make. See page 9 for further explanation of family status change.
- ✓ You should not cancel your group medical or dental insurance during the calendar year unless you have a status change, since cancellation will result in forfeitures.

Tips to Prevent Forfeiture If You Over-Estimate:

By March 15th of the following year (for you and your family),

- Get eye exams;
- Buy a pair of glasses;
- Stock up on contacts;
- Get your teeth cleaned;
- Get physicals;
- Fill prescriptions early; or
- Purchase over-the-counter drugs.

Medical Expense Reimbursement Account

The Medical Expense Reimbursement Account is one of the tax-saving options available to state employees through the Flexible Benefits Plan.

If you want to enroll in the tax-free reimbursement account for medical expenses, you must complete an Election Form. The Medical Expense Reimbursement Account is generally beneficial to anyone who has predictable out-of-pocket medical expenses for themselves or their dependents.

How It Works

- Use the work sheet provided on page 5 to estimate your out-of-pocket medical expenses for the upcoming plan year. Using these calculations, decide how much to place in your account. Be certain the amount is realistic.
- When you incur medical expenses, submit them to your insurance provider or pay for them yourself if not covered by insurance. Be sure to save the Explanation of Benefits you receive from your insurance provider and/or the receipts for out-of-pocket medical expenses you incur.
- Submit Reimbursement Request Forms to the Flexible Benefits Office along with either your Explanation of Benefits (if covered by insurance), or your receipts (if not covered by insurance). The request form and receipts may be faxed to (615) 401-6815.
- You will then receive payment for the amount of your approved claimed expense, up to the amount you will contribute to your account during the year. Amounts paid to you through the reimbursement account will not be subject to income tax or social security tax.

Contribution Limits

There is no annual minimum contribution. The maximum amount you may contribute to the Medical Reimbursement Account is \$7,500 per year.

Itemizing vs. Reimbursement Account

If you itemize deductions, the IRS allows you to deduct only the amount

of eligible medical expenses that exceeds 7.5 percent of your adjusted gross income. The Medical Expense Reimbursement Account allows tax-free reimbursement of 100 percent of eligible medical expenses. Remember that itemizing may only be used for eligible expenses that were *paid for* during the year, while the Medical Expense Reimbursement Account may only be used for eligible expenses that were *incurred* during the year.

Enrollment

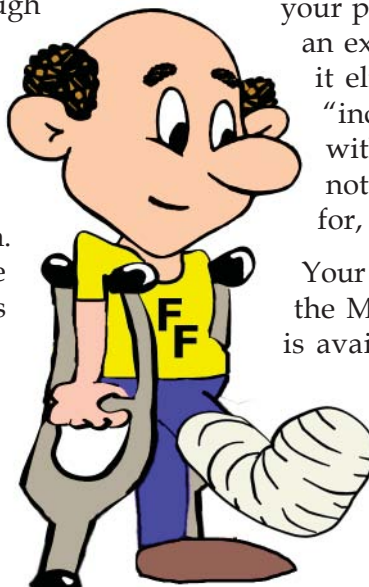
Your personnel officer will help you complete your Election Form if you have any questions. The amount designated on the Election Form will be withheld from each of your regular paychecks, beginning with the first one you are due to receive in January.

Filing Claims & Getting Reimbursed

As soon as you or your family have incurred an eligible expense that is not covered by insurance, you simply submit a completed Reimbursement Request Form and the receipts from your service provider. If the expense would normally be covered by insurance, you need only submit a copy of your Explanation of Benefits from your insurance provider and a completed Reimbursement Request Form. For expenses not covered by insurance, submit a reimbursement request form and the receipt(s) from your service provider. The receipt must include the date of service, name of provider, description of service, and amount of charge. Keep copies for your records since request forms and receipts will not be returned.

All expenses claimed must be incurred during your period of coverage. It is not when you pay an expense, but when you incur it that makes it eligible for reimbursement. An expense is "incurred" when you are actually provided with the service that gives you the expense, not when you are formally charged for, billed for, or when you pay for the service.

Your maximum amount of reimbursement under the Medical Expense Reimbursement Account is available at all times during your period of coverage, less any prior reimbursement made during that period. There is a \$25 minimum on reimbursement payments, with the exception of your last reimbursement payment for the year.



If your state paycheck is deposited directly into your bank account, your reimbursement payments will also be deposited directly to your bank account. If you are not enrolled in the state's direct deposit program, your reimbursement payments will be mailed to you.

Semi-annual account statements will help you keep track of your account balance. You will have until March 31 of the following year to submit claims for expenses incurred before the end of the current plan year and during your period of coverage.

Reimbursement of expenses is guaranteed within 10 business days. The expense must be eligible, the request must be properly completed, and the total claim must be in excess of \$25. In the event of a disaster that would disable normal processing, this guarantee will be placed on hold until normal activities resume.

Eligible Expenses

As a general rule, any categories of expenses that could be deducted on an IRS Form 1040 for medical expenses, **except insurance premiums (including long-term care insurance)**, can be paid for with pre-tax dollars through the Medical Expense Reimbursement Account.

The Medical Expense Reimbursement Account allows you to use tax-free money to pay for almost all medical expenses incurred by you and your family that are not already covered by an insurance policy. While everyone has such expenses, the attractiveness of the reimbursement account depends upon the amount you and your dependents pay out-of-pocket each year.

You may use the account to pay your co-payments and deductible amounts on dental and vision care not covered by insurance, prescription drugs, the costs of some elective procedures, and a host of other expenses.

Examples of Eligible Expenses

Alcoholism Treatment	Lab Fees	Telephone for the Deaf
Ambulance Service	LASIK Eye Surgery	Therapy for Mental/Nervous Disorders
Artificial Limbs	Learning Disability Tuition	Transplants or Organs
Braille Books & Magazines	Nursing Services	Transportation/Mileage for Medical Care
Car Controls for the Disabled	Optometrist Fees	Vaccinations
Certain Nursing Home Services	Orthodontics	Weight Loss Programs (not membership dues at a health club, gym or spa, or supplemental food products)
Chiropractic Care	Over-the-Counter Medications (certain)	Wheelchairs
Co-Payments	Oxygen	X-Rays
Dental Fees	Prescription Drugs	
Drug Addiction Treatment	Psychotherapy (by approved provider)	
Eyeglasses and Contacts	Routine Physicals	
Guide Dogs	Special Schools for the Disabled	
Hearing Aids & Exams	Stop Smoking Programs	
In-Vitro Fertilization	Surgery	

A complete list is available in IRS Publication 502.

Examples of Ineligible Expenses

- Premiums for health insurance coverage such as major medical, dental, vision, long-term care and cancer
- Premiums for life, accidental death, disability, hospital indemnity insurance, or long-term care insurance
- Health club dues or exercise programs for services not related to a particular medical condition
- Non-Essential Cosmetic Surgery
- Funeral Expenses
- Future or Projected Medical Expenses Not Yet Incurred
- Expenses Incurred in a Prior Plan Year Even if Paid During the Current Plan Year
- Medical Expenses Claimed on Your Tax Return
- Marriage and Family Counseling
- Teeth Bleaching

Medical Expense Worksheet

Estimate your annual out-of-pocket medical expenses for the coming plan year on the following worksheet. Be sure to include all members of your immediate family. Remember to estimate conservatively and consider *only* those expenses you are sure you will incur. Remember, insurance premiums may not be paid through a reimbursement account.

	<u>Last Year's Expenses</u>	<u>This Year's Projected Expenses</u>
1. Medical Expenses:		
Insurance Deductibles	_____	_____
Insurance Co-Payments	_____	_____
Dental Co-Payments, Orthodontia	_____	_____
Immunizations, Injections, and Vaccinations	_____	_____
Routine Examinations and Physicals	_____	_____
Dental Expenses (including crowns, root canals, extractions, and non-cosmetic repairs)	_____	_____
Prescription Drugs, Certain Over-the-Counter Drugs, or Co-Payment Amount	_____	_____
Eyeglasses and Contacts	_____	_____
Hearing Examinations	_____	_____
Transportation to and from Medical Provider	_____	_____
Medically Necessary Nursing Home Care	_____	_____
Non-Cosmetic Surgery (LASIK, etc.)	_____	_____
Other Expenses	_____	_____
2. Total Expenses for the Year:	_____	_____
3. Divide Estimated Total by Your Number of Regular Pay Periods.	_____	_____
4. Enter this amount on your Election Form. This is the amount that will be taken out of each regular paycheck and put into your Medical Expense Reimbursement Account.	_____	_____

Dependent Daycare Reimbursement Account

The Dependent Daycare Reimbursement Account is one of the tax-saving options available to state employees through the Flexible Benefits Plan.

Dependent daycare expenses make up a significant part of many family budgets. The tax-free Dependent Daycare Reimbursement Account lets you use tax-free dollars to pay for such care if it is necessary to allow you to work and, if you are married, to allow your spouse to work or attend school full-time.

How It Works

Estimate your dependent daycare expenses for the upcoming plan year. This will help you decide the amount you want to contribute to the account. Contributions to the account will be deducted from each paycheck you receive during the plan year.

When you have incurred dependent daycare expenses, submit a Reimbursement Request Form with a receipt from the care provider. When filing for a reimbursement, you must provide the name, address, dates of service and tax identification number or social security number of the dependent daycare provider.

You will then receive payment for the amount of your approved claimed expense up to the amount in your account **within 10 business days**. The expense must

be eligible, the request must be properly completed, and the claim must be in excess of \$25.

Amounts paid to you through the reimbursement account will not be subject to federal income tax or Social Security tax.

Contribution Limits

Depending upon your circumstances, you can put up to \$5,000 a year into your Dependent Daycare Reimbursement Account. If you file your income taxes as "head of household," "single" or "married, filing jointly", you may put the full \$5,000 a year into your account. If you are married but file a separate federal income tax return, you may deposit a maximum of \$2,500 to your Dependent Daycare Reimbursement Account.

Child Care Tax Credit vs. Reimbursement Account

The child care tax credit will vary depending on your income. For some people, the child care tax credit may offer more tax savings than a Dependent Daycare Reimbursement Account. Some financial experts believe the tax credit is more beneficial to single taxpayers with adjusted gross incomes less than \$35,000 or, if married, a family gross income of less than \$45,000. This decision is unique to you. As a result, you should carefully review which program is most advantageous to your situation.

You may not use the same expenses for both the tax credit and your Dependent Daycare Account.

Any amounts contributed to your account will reduce on a dollar-for-dollar basis the annual dollar limit allowed by the IRS in determining expenses eligible for the tax credit (\$6,000 for two or more children, \$3,000 for one child). If you place that much or more in your reimbursement account, the tax credit is unavailable to you.

For more information on the tax credit, call the IRS at 1-800-829-3676 to request Publication 503-*Child and Dependent Care Expenses* or download the publication from www.irs.ustreas.gov.



Enrollment

Your personnel officer will help you complete your Election Form if you have any questions. The amount designated on the Election Form will be withheld from each of your regular paychecks, beginning with the first one you are due to receive in January.

Filing Claims & Getting Reimbursed

As soon as you have incurred eligible expenses, simply submit your receipts from your care provider, along with a completed Reimbursement Request Form. The receipt must include the date of service, name of provider, **provider's tax identification number**, and amount of charge. All expenses claimed must be incurred during your period of coverage. It is not when you pay an expense, but when you incur it, that makes it eligible for reimbursement. An expense is "incurred" when you are actually provided with the service that gives you the expense, *not* when you are formally charged for, billed for, or when you pay for the service.

If your state paycheck is deposited directly into your bank account, your reimbursement payments will also be deposited directly to your bank account. If you are not enrolled in the state's direct deposit program, your reimbursement payments will be mailed to you.

Semi-annual account statements will help you keep track of your account balance. You will have until March 31st of the following year to submit claims for expenses incurred before the end of the current plan year.

Reimbursement of expenses is guaranteed within 10 business days of the time the Flexible Benefits Office receives a properly completed Reimbursement Request Form with the appropriate documentation, **provided funds are available in your reimbursement account**. There will be a \$25 minimum on reimbursement payments with the exception of your last reimbursement payment of the year.

Eligible Expenses

In order to qualify as eligible expenses, the amounts you spend on dependent daycare must meet the following IRS rules:

- ✓ You may be reimbursed for charges for daycare services either inside or outside your home for eligible dependents under the age of 13. Services

must be for the physical care of the child and must not be provided by a spouse or dependent.

- ✓ You may be reimbursed for charges for the care of a dependent adult or child who is mentally or physically incapable of self-care. **To be eligible, services may not be provided by a spouse or dependent and the eligible dependent must regularly spend at least eight hours per day in your household.**
- ✓ You may not use the Dependent Daycare Reimbursement Account to pay for a dependent's health care expenses. **The account may not be used by a non-custodial parent to pay for child care or child support payments.**
- ✓ If you use the Dependent Care Reimbursement Account to pay for daycare or claim the Child or Dependent Care Tax Credit, you will need to file Form 2441 with your 1040 tax return (or Schedule 2 with your 1040A tax return) to report the name of your daycare provider to the IRS.

A dependent daycare expense worksheet may be found on page 8.



Dependent Daycare Expense Worksheet

Estimate your annual dependent daycare expenses for the coming plan year on the following worksheet. Remember to estimate conservatively and consider *only* those weeks when you will have dependent daycare expenses. For example, if you have a child who will be attending school, your daycare expenses should be lower while your child is in school. Also, a child must be less than age 13 to take advantage of the Flex savings.

	<u>Last Year's Expenses</u>	<u>This Year's Projected Expenses</u>
1. Dependent Daycare Expenses:		
Infant / Toddler	_____	_____
Preschool	_____	_____
Private School Kindergarten	_____	_____
Before-School or After-School Care	_____	_____
Reporting Days (child in school only half a day)	_____	_____
In-Service Days (child not in school)	_____	_____
School Holidays	_____	_____
School Vacations	_____	_____
Sports Camps / Day Camps (excludes overnight camps)	_____	_____
Other Dependent Care	_____	_____
2. Total Dependent Daycare Expenses for the Year:	_____	_____
3. Divide Estimated Total by Your Number of Regular Pay Periods.	_____	_____
4. Enter this amount on your Election Form. This is the amount that will be taken out of each regular paycheck and put into your Dependent Daycare Reimbursement Account.	_____	_____

Maximums:

- Married Filing Separately – \$2,500
- Married Filing Jointly – \$5,000
- Single or Head of Household – \$5,000

Other Information

Family Status Change

The IRS and your plan specifically defines “**Family Status Change**” as:

- Your marriage, divorce or legal separation;
- Death of a spouse or dependent;
- Birth or adoption of a dependent;
- Termination or commencement of participant’s or spouse’s employment (termination of a participant’s employment occurs after the last working day);
- You or your spouse taking an unpaid leave of absence lasting more than 30 calendar days;
- You or your spouse switching from part-time to full-time employment or from full-time to part-time employment;
- You or your spouse having a significant change in health coverage due to your spouse’s employment;
- Ineligibility of a dependent; or
- Bankruptcy court order.

Certain additional status changes such as changes in your residence or work site may qualify you to change your insurance elections.

Should you need to change your deductions because of a family status change, you must complete a Family Status Change Form and submit it to the Flexible Benefits Office within 90 days of the qualifying event.

Forms may be obtained from your personnel officer, the Internet at www.treasury.state.tn.us/flex, or from the Flexible Benefits Office. Documentation of the change will be required. Any change you request must be consistent with the type of family status change you experience.

If the Family Status Change Form is submitted within the 90-day time limit and approved, it will be effective for the remainder of the calendar year. **Changes cannot be retroactive** (contributions already made to the plan cannot be refunded) except in the event of a death or in the event that medical insurance premiums were deducted from your salary while you were receiving temporary disability benefits through workers’ compensation (lost time pay).

In order for a change to begin in the paycheck you receive at the end of a month, the Flexible Benefits Office must receive your completed form by the 15th of that month and the change must then be approved. If you miss the monthly cutoff date, your change can still begin the next month as long as it complies with the 90-day requirement and is approved.

If you do not submit the change form within 90 days, you will not be allowed to change your elections, which may result in a forfeiture of your insurance premiums or reimbursement account contributions for the remainder of the year. Everyone will have an opportunity to make new elections for the new plan year.



Does this Hurt My Other Benefits?

- Social Security - Slight impact if below the Social Security wage base
- Deferred Compensation - No Impact
- Retirement - No Impact
- Insurance, Leave, or Other Benefits - No Impact

What about Termination or Change in Employment?

- ✓ You may continue to keep the plan year open until December 31st by making after-tax contributions.
- ✓ You may want to accelerate your expenses to use up your account balance before termination.
- ✓ Flexible Benefits participation continues for job transfers within state government.
- ✓ Breaks and leaves of absence can cause you to be treated as a terminated employee.
- ✓ Check with your personnel officer for details.

Before You Decide to Enroll:

- ✓ You must "use it or you will lose it", but most employees find that they can make optional expenditures such as glasses, contacts, routine dental visits or physical examinations before March 15th of the following year to avoid loss.
- ✓ You cannot withdraw the funds for other purposes and cannot change the annual election without a change in family status.
- ✓ To claim your money, you may submit a claim form and receipts as often as you like, but all claims must be filed by March 31st for the prior calendar year.

**Sign up and
save with me!**



State of Tennessee
Treasury Department
Flexible Benefits Plan

10th Floor Andrew Jackson Building

Treasury Department

Nashville, TN 37243-0228

615-741-3131 (phone) / 1-877-681-0155 (toll-free)

615-401-6815 (fax) / Flexible.Benefits@state.tn.us (email)

Forms are available on our Internet site:

www.treasury.state.tn.us/flex

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Treasury Department; September 2007.

Authorization #309197; 10,000 copies.

This public document was printed
at a total cost of \$.37 per copy.

